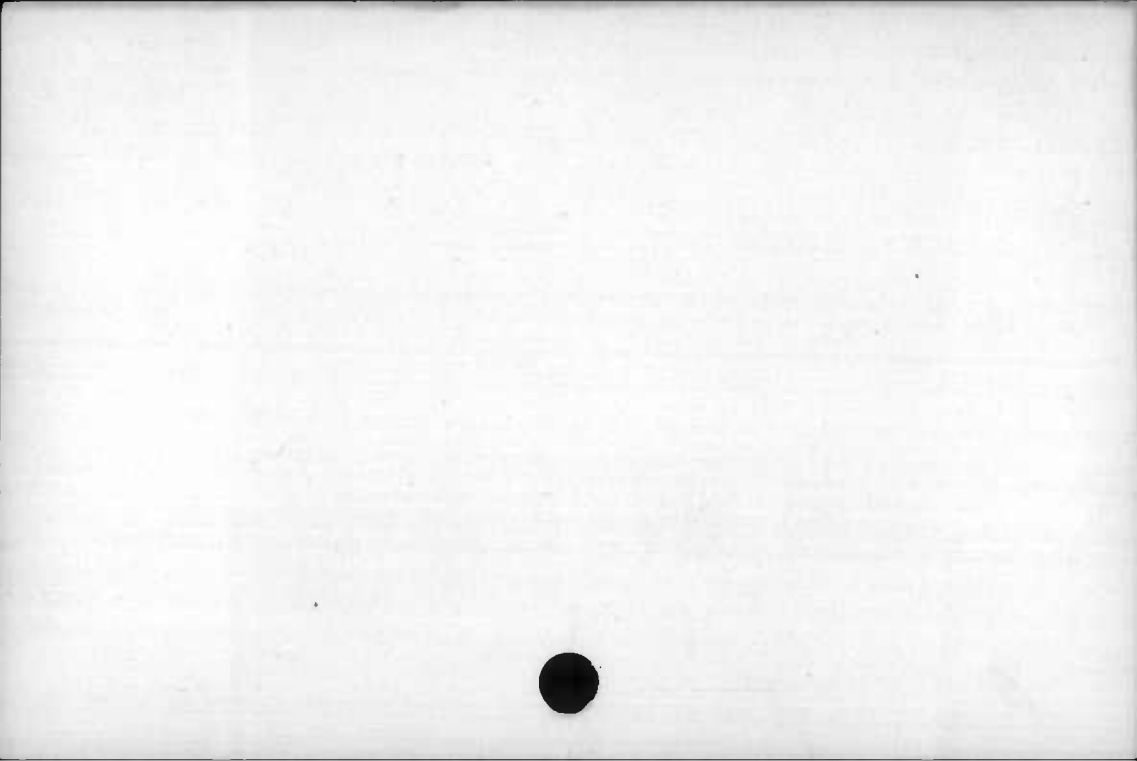


Name in Full		EDWARD J. ILLIEN				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge		Dorchester		MARYLAND	
	Date of death	1909	Feb	1	Age	22	Months — Days —
	Sex	Male		Color or Race	Colored		Birthplace
	Occupation	Laborer		Where Residing if not at place of death —			
	Married, Single or Widowed	Single		Name of Wife or Husband —			
	Father's Name	Dane Illien				Father's Birthplace	Dorchester Co.
	Mother's Maiden Name	Annie Johnson				Mother's Birthplace	Stafford Va.
	Name of person giving information	Dane Illien				How related to deceased	Father
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	6 months
	Immediate	Hemiplegia				How long	several weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dexter P. Reynolds M.D.
						Address	Cambridge, Md.
<div>Accident or Suicide?</div>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Anderson Town Cambridge County Dorchester **MARYLAND**

Died at Cambridge

Date of death 190 9 Month July Day 3 Age 0 Years Months Days 5

Sex Female Color or Race white Birth-place Cambridge

Occupation Infant Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John T. Anderson Father's Birthplace Birchley
Mcconnico Co

Mother's Maiden Name Ida Green Mother's Birthplace Cambridge

Name of person giving Information John T. Anderson How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia How long 2 or 3 weeks

Immediate Cerebral Meningitis How long 4 days

Are the name, age, sex, color, date and place correctly given above? y/s Signature of Physician W. Steele

8 Address Cambridge Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

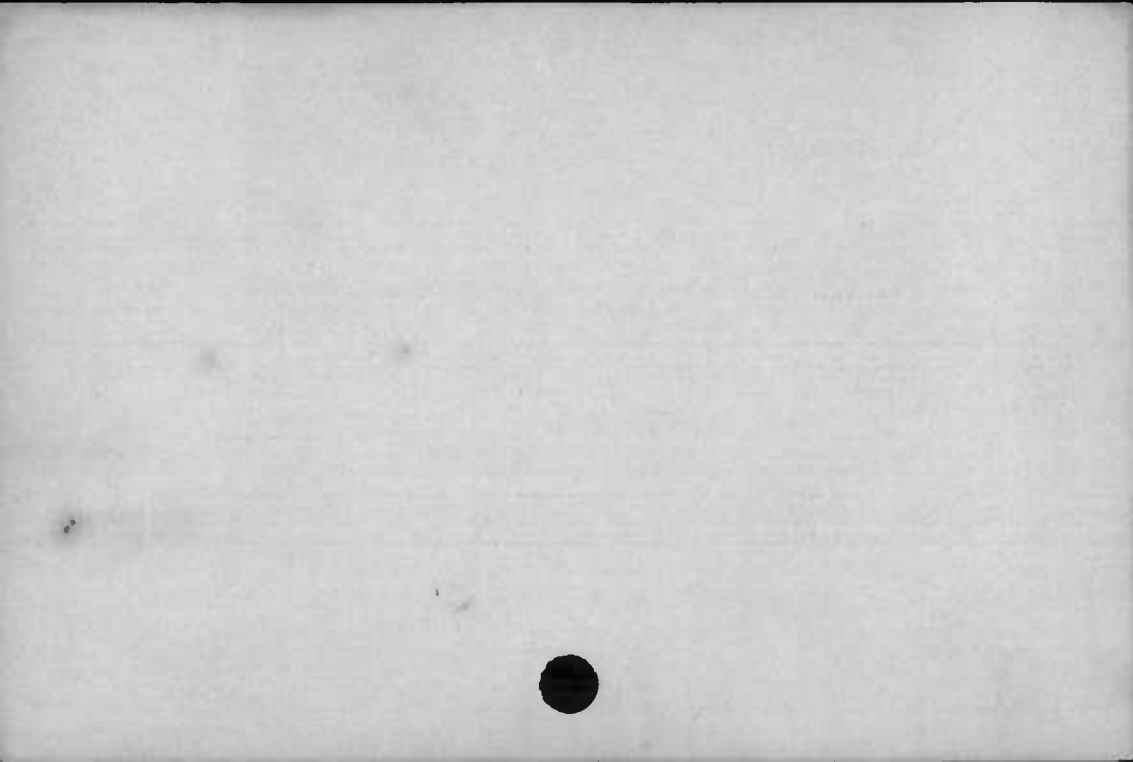
Died at <i>Bishop Head District no 10</i>		Town <i>Dorchester</i>		County		
Date of death <i>1909</i>	Month <i>February</i>	Day <i>9</i>	Age	Years	Months <i>6</i>	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Bishop Head</i>			
Occupation <i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>			Name or Wife or Husband			
Father's Name <i>Thomas H Bramble</i>			Father's Birthplace <i>Bishop Head</i>			
Mother's Maiden Name <i>Fannie J Bramble</i>			Mother's Birthplace <i>Bishop Head</i>			
Name of person giving information <i>Fannie J Bramble</i>			How related to deceased <i>mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>not known</i>	How long	<i>at night</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm H H Pritchett J P</i>	
Address <i>Bishop Head m d</i>		No physician in attendance	
Accident or Suicide?			



Name
in
Full

Wm A. Brannock

CERTIFICATE OF DEATH

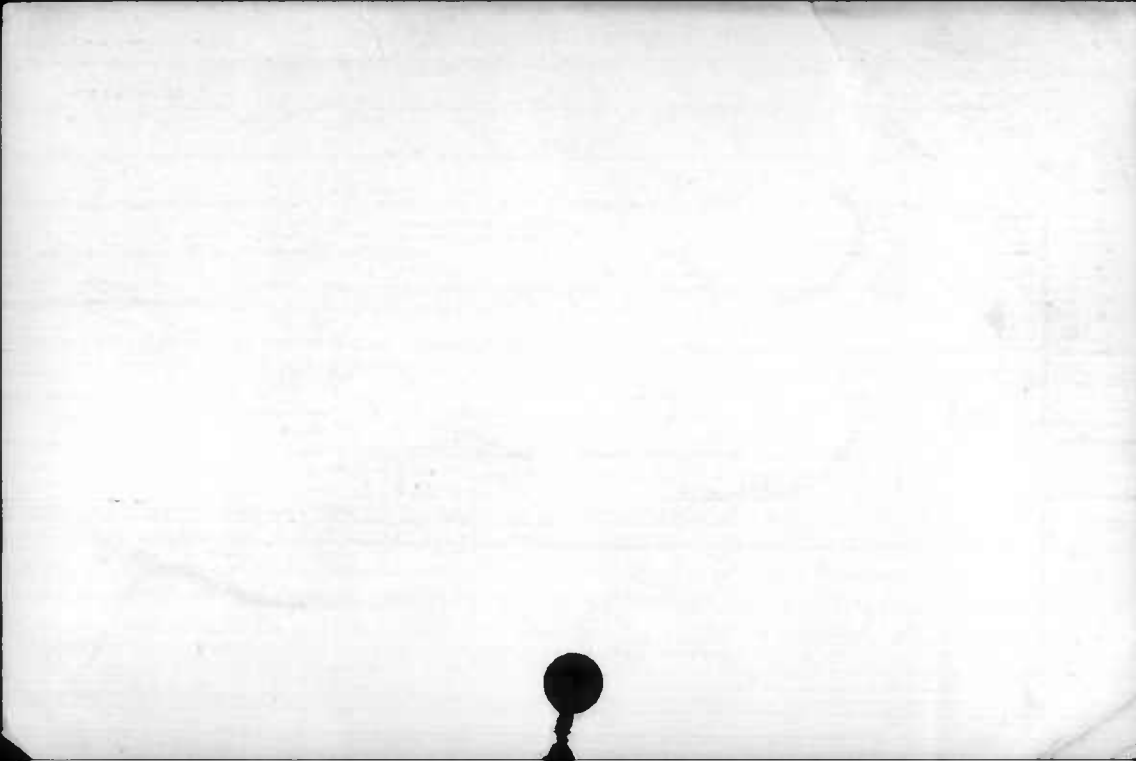
TO BE ANSWERED BY
NEAREST FRIENDDied at *Church Creek* Town *Dorchester* County *MARYLAND*Date of death 1909 Month *Feb.* Day *2* Age *65-* Years Months Days *✓*Sex *Male* Color or Race *White* Birth-place *MD*Occupation *Sailor* Where Residing if not at place of death *✓*Married, Single or Widowed *Married* Name of Wife, or Husband *Addie C Brannock*Father's Name *James Brannock* Father's Birthplace *MD*Mother's Maiden Name *Elizabeth Woolford* Mother's Birthplace *MD*Name of person giving Information *Blench Brannock* How related to deceased *Daughter*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONERPrimary *Broncho Pneumonia* How long *Twelve days*Immediate *Bronchitis* How long *Two days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. Harroll*Address *Lanbridge MD.*

Accident or Suicide



Name
in
Full

Ivoin Brown

CERTIFICATE OF DEATH

MARYLAND

Died at E & Market depot

Town

Dorchester

County

Date of death 1909 Feb 9

Month

Day

Age 26

Years

Months 6

Days 5

Sex Male

Color or
Race

Black

Birth-
place

E & Market depot

Occupation

None

Where Residing if not
at place of death

Same place

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Rebecca Brown

Mother's
Birthplace

Baltimore

Name of person giving
Information

Samuel J. Curtis

How related
to deceased

Brother

CAUSES OF DEATH

Primary

"

(9)

How long

Deep Colic

Immediate

Croup

How long

5-6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Hon. Physician J. J. Stoll

Address

E & Market St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

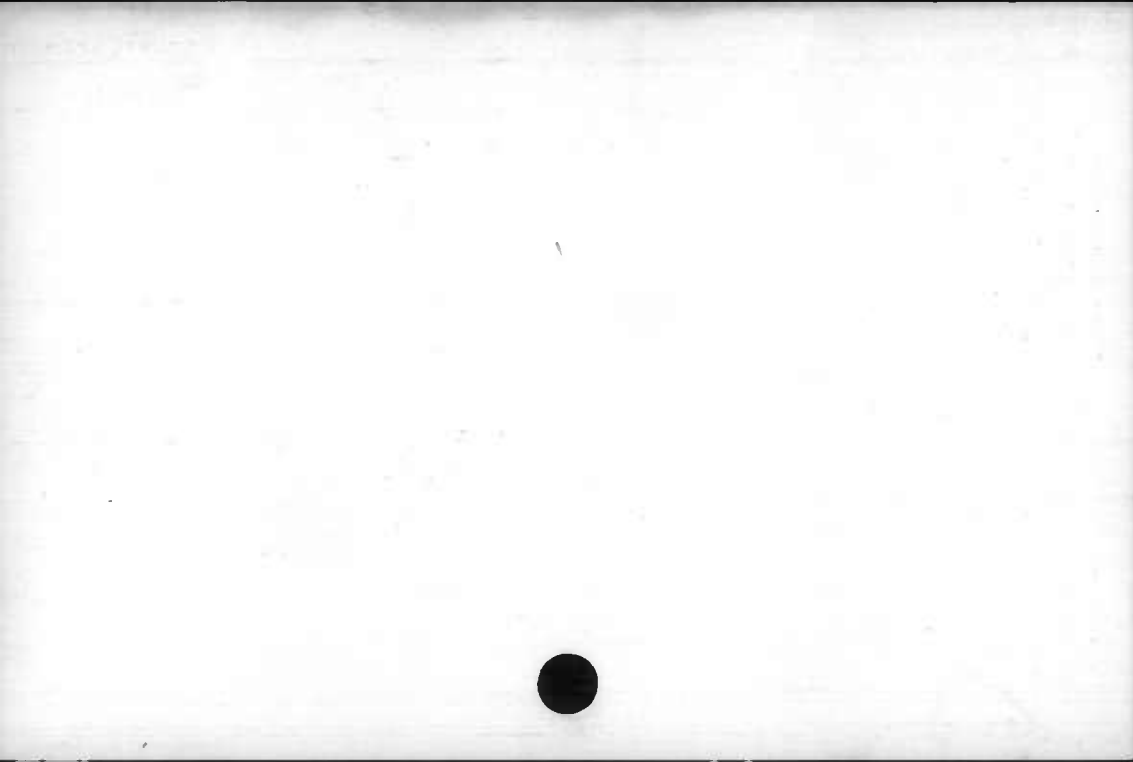
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Orchester</u> ^{County}		MARYLAND	
Date of death 190 <u>4</u>	<u>July</u> ^{Month}	<u>23</u> ^{Day}	Age <u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>20</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Cambridge Md</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Samuel Brown</u>			Father's Birthplace <u>Baltimore.</u>		
Mother's Maiden Name <u>Mary Scivone</u>			Mother's Birthplace <u>Baltimore.</u>		
Name of person giving Information <u>Samuel Brown</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	Signature of Physician <u>No physician in attendance</u> <u>Samuel Brown</u> <u>Cambridge Md.</u>
<u>J</u>	Address <u>Clement S. Scivone</u> <u>Justice of the Peace</u>
Accident or Suicide	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *John Wesley Dean*

Died at *Hurlock* ^{Town} *Dorchester* ^{County}

Date of death *1909* ^{Month} *Feb.* ^{Day} *20* ^{Years} *72.* ^{Months} *Eleven* ^{Days} *Two*

Sex *Male* Color or Race *White* Birth-place *Caroline Co*

Occupation *Farmer* Where Residing if not at place of death *Dorchester Lee*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret E Dean*

Father's Name *Jefferson Dean* Father's Birthplace *Unknown*

Mother's Maiden Name *Leathum Walker* Mother's Birthplace *Unknown*

Name of person giving information *W C Dean* How related to deceased *Son*

CAUSES OF DEATH

93

Primary *Pneumonia* How long *6 days*

Immediate *Heart failure* How long *—*

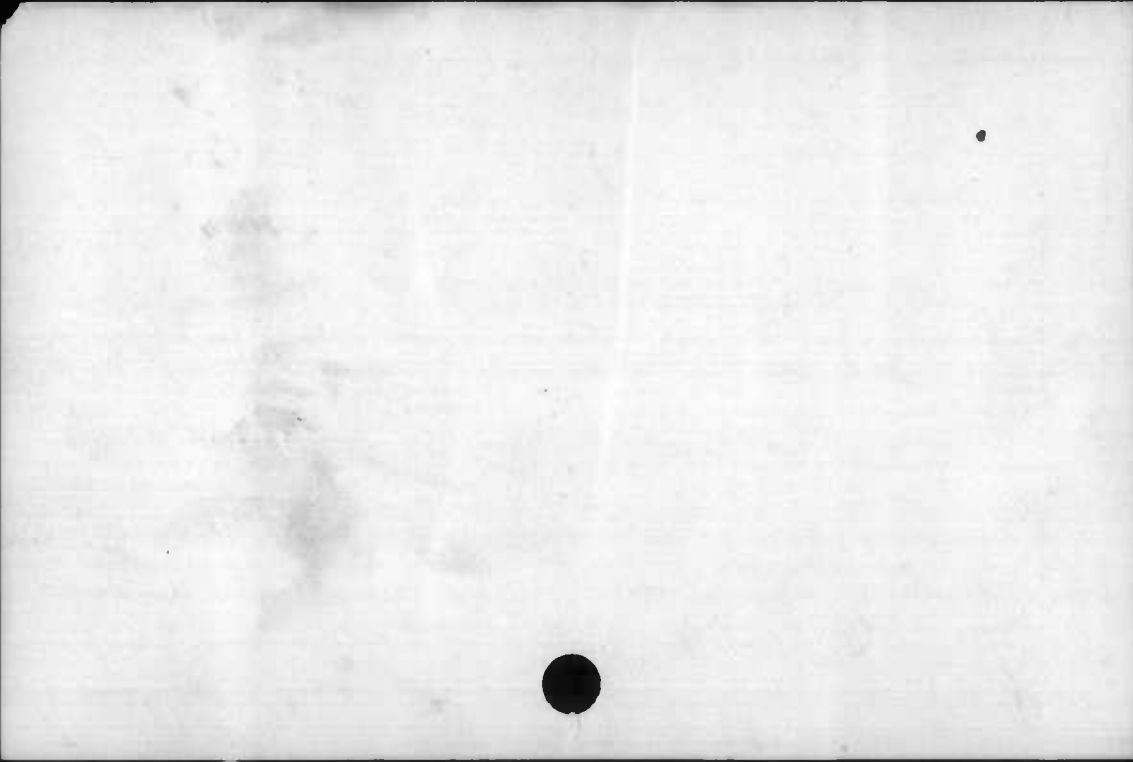
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J Accident or Suicide?

E C Thompson
Hurlock Md



Name
in
Full

Hester Denny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakes</i> ^{Town} <i>District no 5</i> ^{County} <i>Dorchester</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>February</i>	Day <i>1</i>	Years <i>82</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Todd Mill</i>	Months <i>—</i>
Occupation <i>House work</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>George Denny</i>		
Father's Name <i>John E. Evans</i>	Father's Birthplace <i>Dorchester county and</i>		
Mother's Maiden Name <i>Sarah A. Blacum</i>	Mother's Birthplace <i>Dorchester county and</i>		
Name of person giving information <i>A. J. Kinnin</i>	How related to deceased <i>none</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
<i>X</i>	Address <i>Wm. H. Pritchett Jr</i>
	<i>Bishop Head md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mattie J. Foster* Town *Golden Hill* County *Orchester* MARYLAND

Died at *Golden Hill*

Date of death *1909* Month *Feb.* Day *12* Age *22* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Ind.*

Occupation *Housewife* Where residing if not at place of death ☒

Married, Single or Widowed *Married* Name of Wife or Husband *James Foster*

Father's Name *John H. Keene* Father's Birthplace *Ind.*

Mother's Maiden Name *Mattie Keene* Mother's Birthplace *Ind.*

Name of person giving information *John H. Keene* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

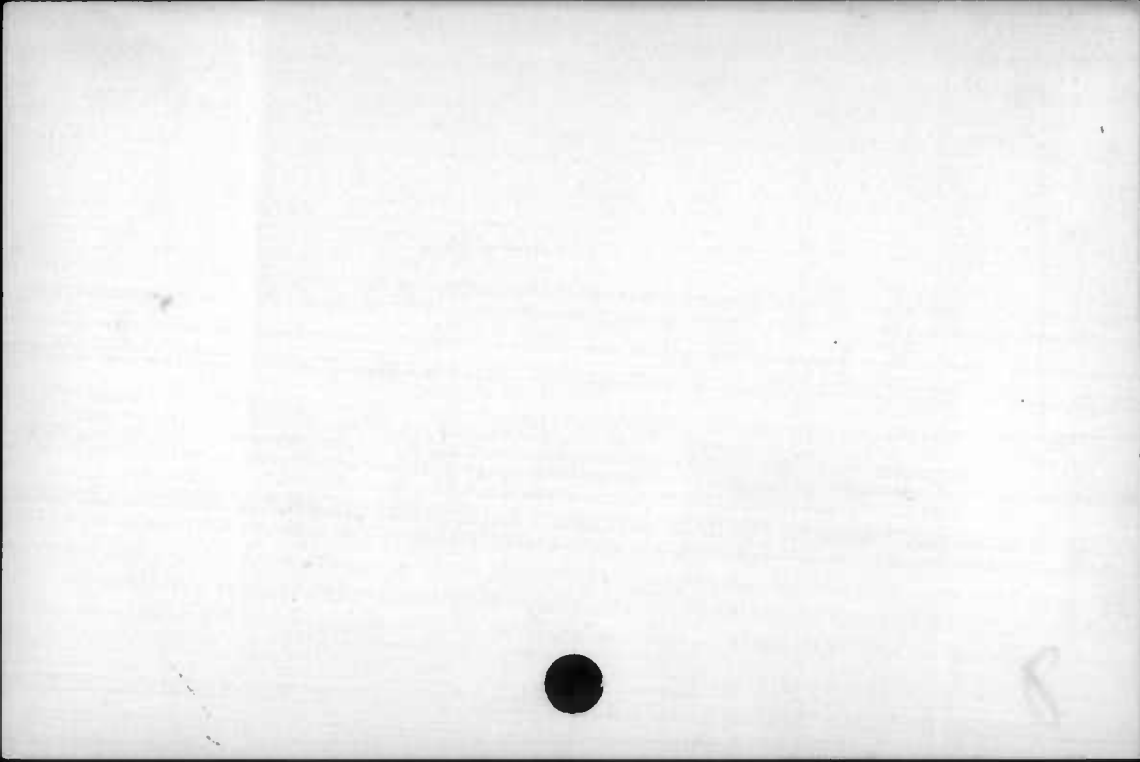
Primary *Tuberculosis, Pulmonary* How long *8 months*

Immediate *Hemorrhage* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Harrell* Address *Cambridge Ind.*

Accident or Suicide? ☒



Name
in
Full

Carline F. Ferguson

CERTIFICATE OF DEATH

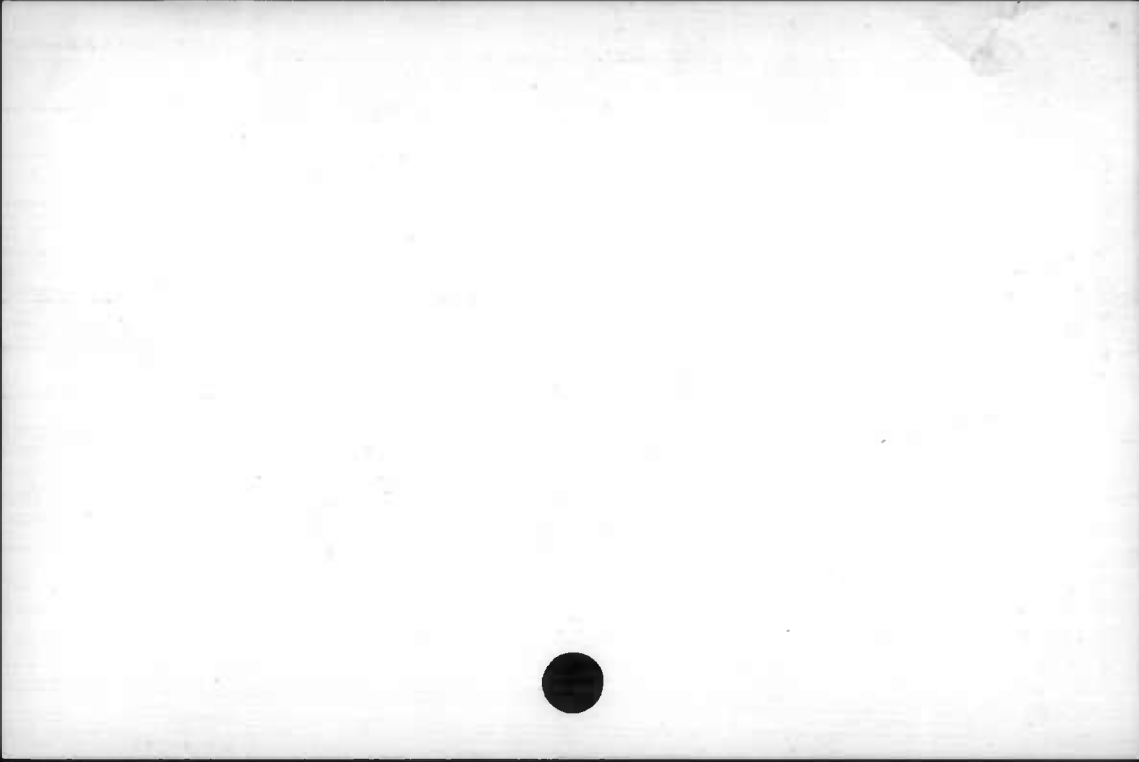
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Borchester		Md. MARYLAND	
Date of death		1909	Month Feb	Day 9	Age	56	Years Months Days
Sex		Female		Color or Race		Black	
Occupation		House Wife		Where Residing if not at place of death		Cambridge	
Married, Single or Widowed		Married		Name of Wife or Husband		Nathan Ferguson	
Father's Name		Don't Know		Father's Birthplace		Don't Know	
Mother's Meiden Name		Don't Know		Mother's Birthplace		Don't Know	
Name of person giving Information		Mag Lankford		How related to deceased		(66)	

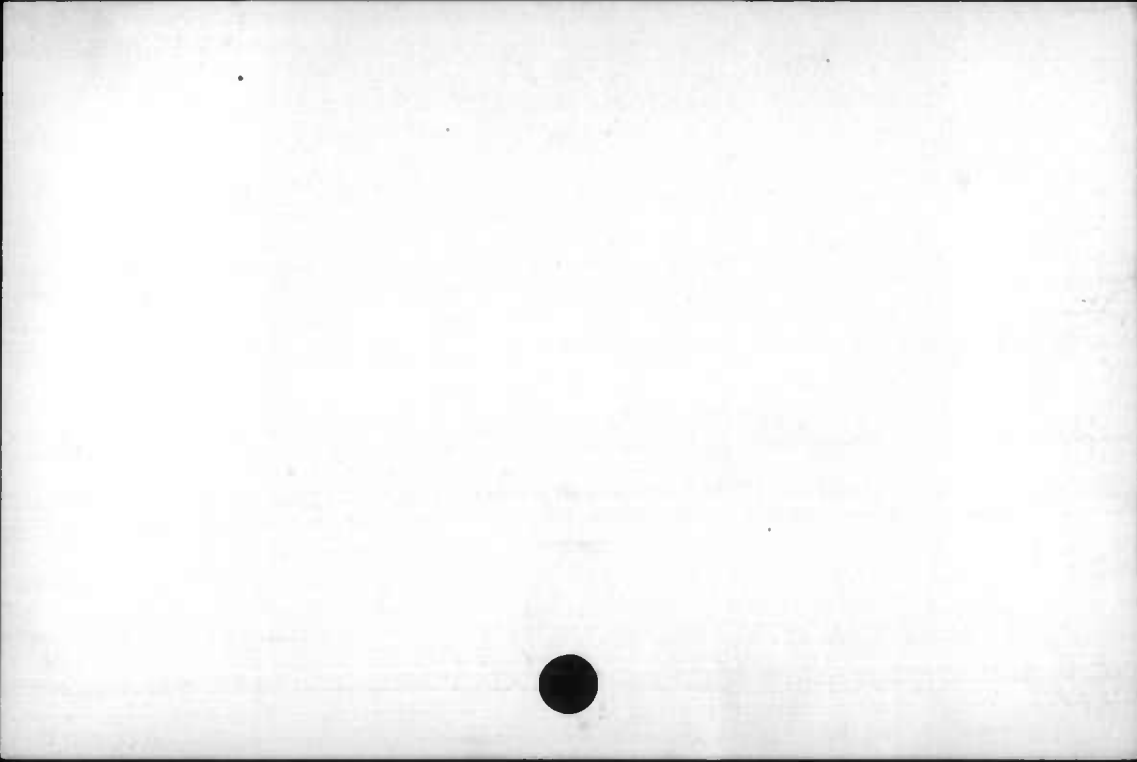
CAUSES OF DEATH

PHYSICIAN
OR CORONER

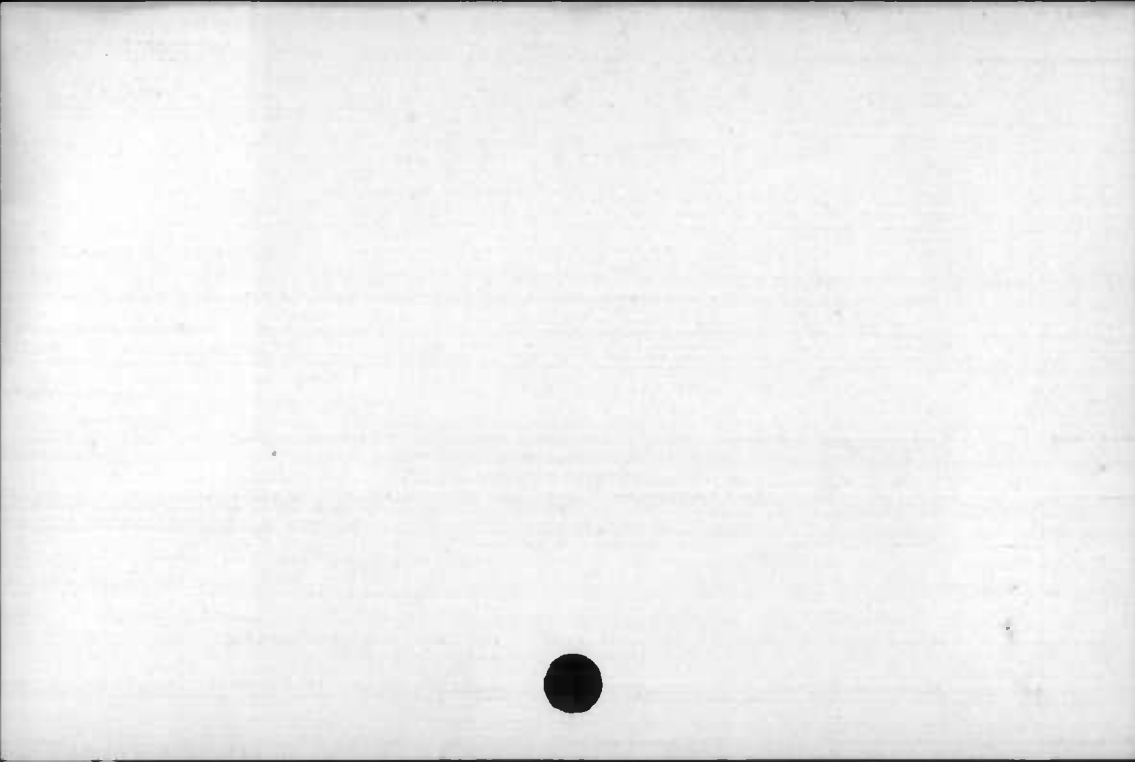
Primary		Paralysis		How long		a week	
Immediate		no doctor		How long		-	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes.				No physician			
				Address			
				Greenfield, Indiana			
Accident or Suicide				Justice of the Peace			



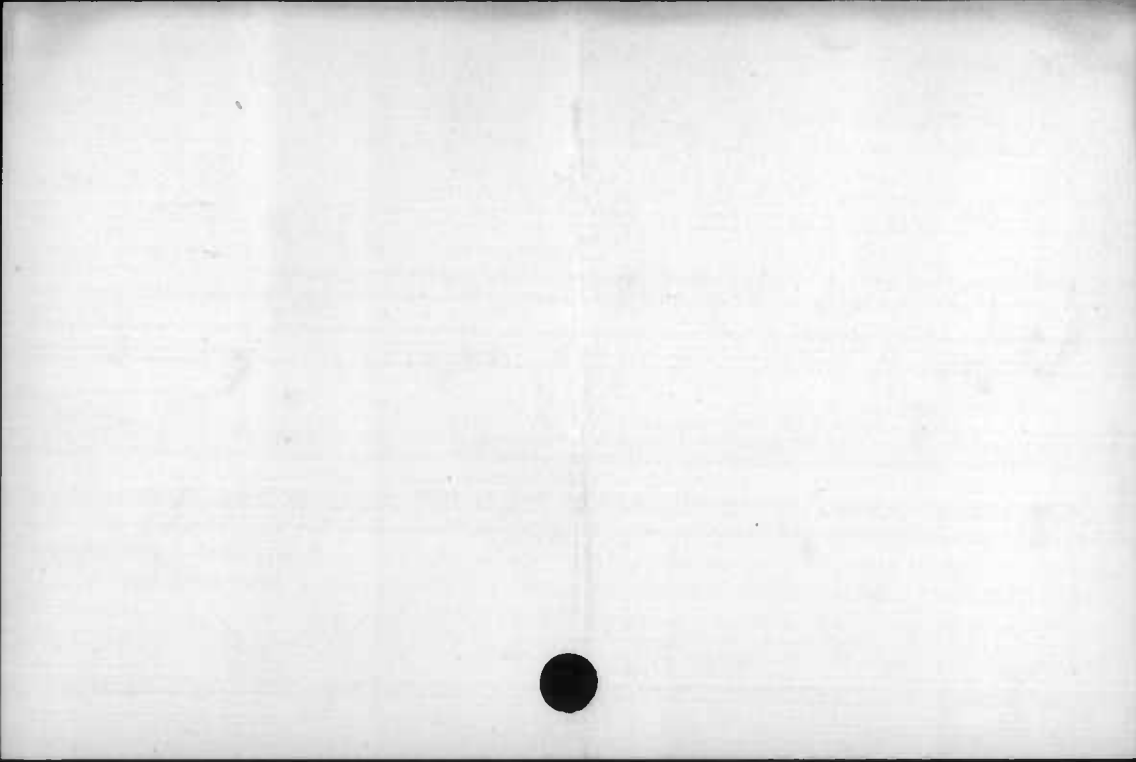
Name in Full		Maudie M Griffith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hudson		County		MARYLAND	
	Date of death 190	9	Month 2	Day 16	Age 14	Months 7	Days 27
	Sex	female		Color or Race	white	Birth-place	Dor Co
	Married, Single or Widowed			Occupation	none		
	Name of Wife or Husband	none					
	Father's Name	Daniel Griffith				Father's Birthplace	Dor Co
	Mother's Maiden Name	Mollie Hubbard				Mother's Birthplace	Dor Co
Name of person giving information	Daniel Griffith				How related to deceased	father	
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER	Primary	measles				How long	
	Immediate	Tuberculosis				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	G. B. Myers
	Accident or Suicide?					Address	Hudson Md



Name In Full		Catherine Holliday				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1909		Feb	20		2	
	Sex	Color or Race		Birth-place			
	Female	Col		Mor Hurlock			
	Occupation	Where Residing if not at place of death					
	— home						
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		
	— wife				Father's Birthplace		
	Father's Name		— unknown		Mother's Birthplace		
	Mother's Maiden Name		Corris J Holliday		Mor Hurlock		
	Name of person giving information		Saw Boice		How related to deceased		
				179			
				CAUSES OF DEATH			
Primary				How long			
Immediate		unknown		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
8				None in attendance			
				Address			
				R. Hastings J. P.			
				Thurwood, Md.			
Accident or Suicide?							



Name in Full		Lustus Hopkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>New Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND
	Date of death <i>1909 Feb.</i>	Month	Day <i>22</i>	Age	Years	Months <i>7</i>	Days <i>24</i>
	Sex <i>Male</i>	Color or Race <i>Blk.</i>		Birth-place <i>Ind.</i>			
	Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>Salomon Opher</i>				Father's Birthplace <i>Ind.</i>		
	Mother's Maiden Name <i>Mamie Hopkins</i>				Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Walter Weight</i>				How related to deceased <i>Step-Grandfather</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>				How long <i>Can't say.</i>		
	Immediate <i>Heart Failure</i>				How long <i>3 minutes</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>E. E. Wolff</i>		
	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>				Address <i>Cambridge, Ind.</i>		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

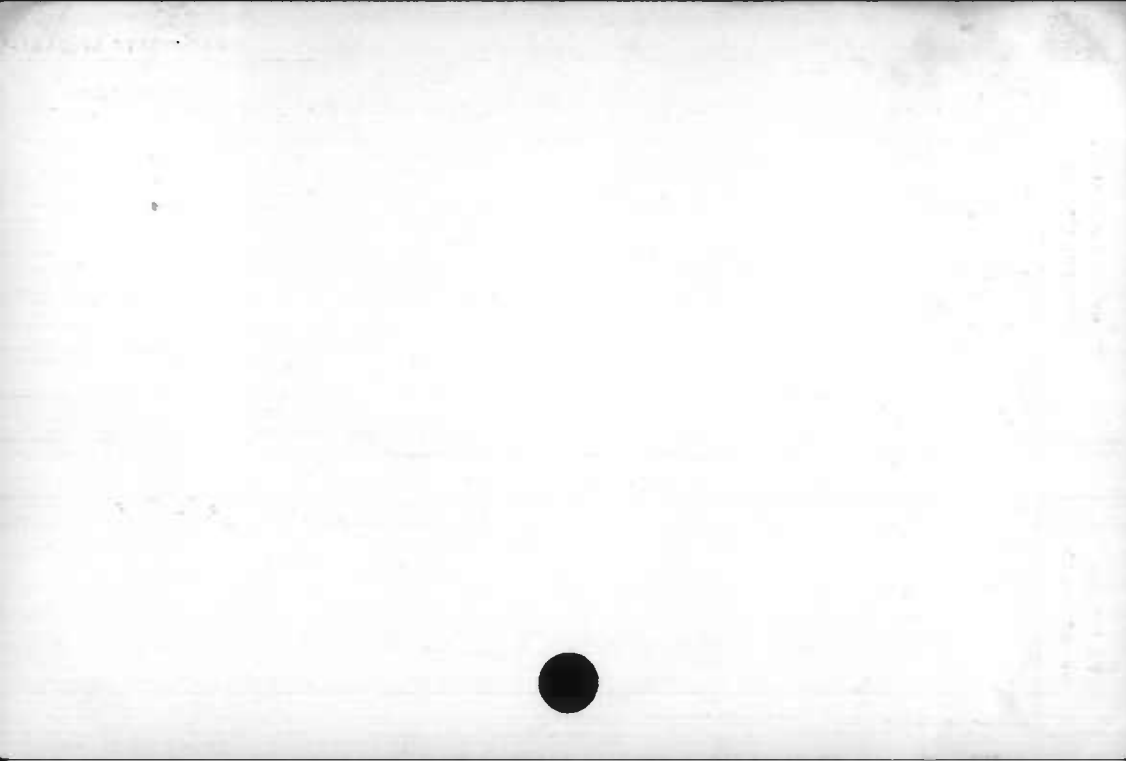
Infant, Horseman
 Died at Golden Hill Town Dorchester County MARYLAND
 Date of death 1909 Feb. Month 23 Day Age — Years Months — Days 3
 Sex Female Color or Race Black Birth-place MD
 Occupation V Where Residing if not at place of death V
 Married, Single or Widowed V Name of Wife or Husband V
 Father's Name Eliga Hornerman Father's Birthplace MD
 Mother's Maiden Name Little Cornish Mother's Birthplace MD
 Name of person giving Information Eliga Hornerman How related to deceased Father

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Unbilial Stoma How long 3 days
 Immediate Ammonia How long 2 hours
 Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician O. Carroll
 Address Cambridge, Md.
 Accident or Suicide



Name
in
Full

Albert R Hughes

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

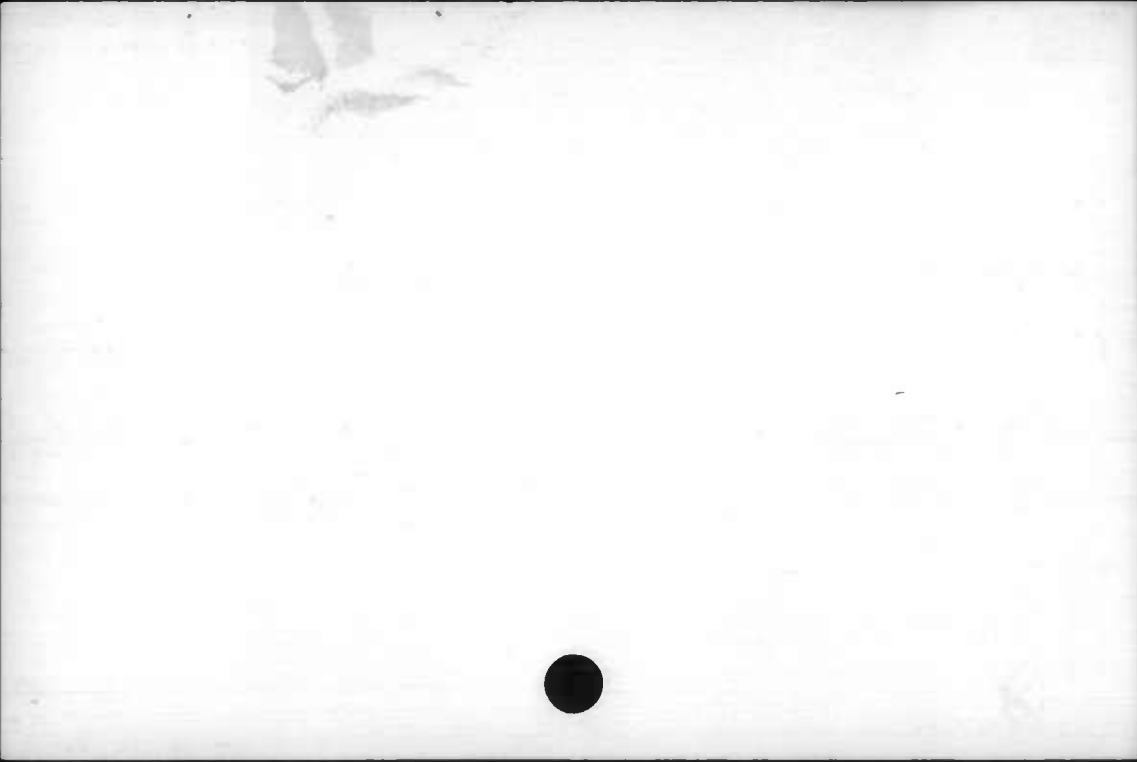
Died at		Town Cambridge		County Borchard Co		MARYLAND	
Date of death		1909	Month Feb	Day 4	Age 39	Months 11	Day 15
Sex Male		Color or Race White		Birth- place Brawbudge			
Occupation Labor		Where Residing if not at place of death Brawbudge					
Married, Single or Widowed Single		Name of Wife or Husband Sophie					
Father's Name C. C. Hughes		Father's Birthplace Brawbudge					
Mother's Maiden Name Margaret A Bradshaw		Mother's Birthplace					
Name of person giving Information R. M. Hughes		How related to deceased Brother					

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Rheumatism	Secondary - Pneumonia	How long 4 weeks
Immediate	Embolus.		How long Very short.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. E. Woeff
		Address	Cambridge, Ind
Accident or Suicide			



Name in Full *Sarah A Johnson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Todd Mill* ^{Town} *district no 10* ^{County} *Torchester*

Date of death *1909* ^{Month} *February* ^{Day} *23* ^{Years} *5-2* ^{Months} *—* ^{Days} *—*

Sex *female* Color or Race *white* Birth-place *Todd Mill Torco md*

Occupation *house work* Where Residing if not at place of death *— — —*

Married, Single or Widowed *married* Name of Wife or Husband *John J Johnson*

Father's Name *Henry Insley* Father's Birthplace *Lakes Mill Torco md*

Mother's Maiden Name *Cathrine Willey* Mother's Birthplace *Lakes Mill — — —*

Name of person giving information *John J Johnson* How related to deceased *Husband*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

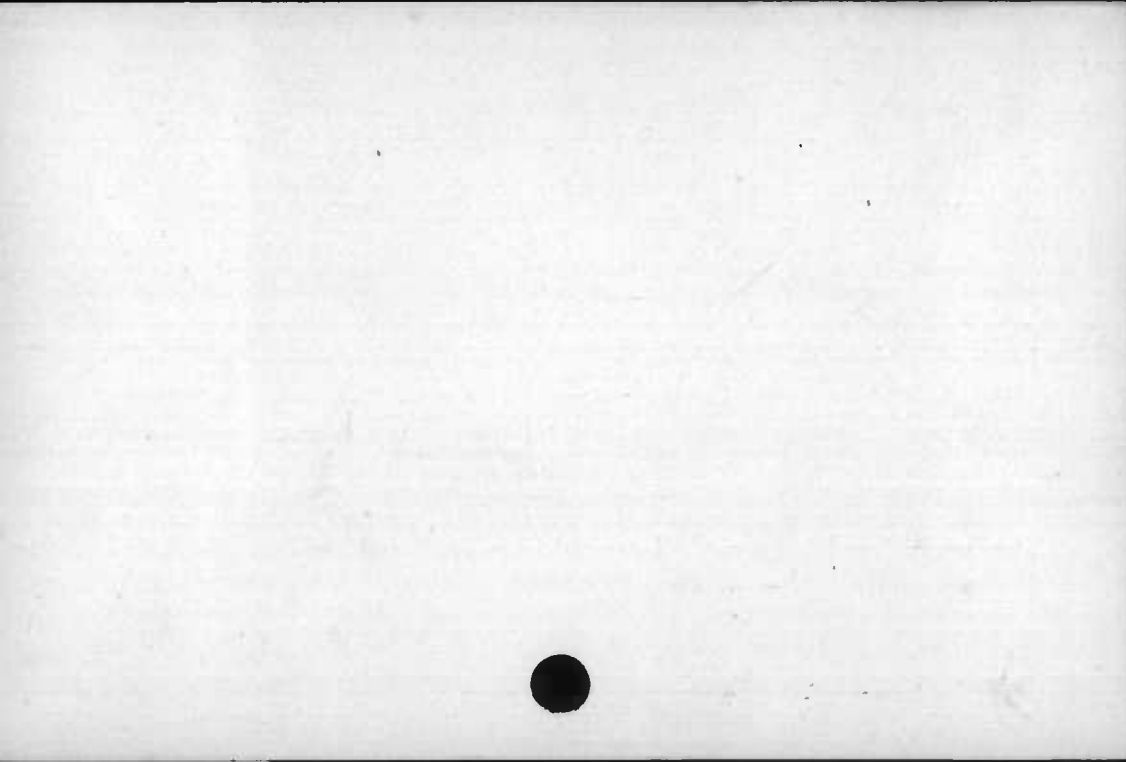
Primary *Valvular disease of Heart* How long *Two days*

Immediate *Exhaustion* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. Sharnick*
Address *Camgate Road*

J
Accident or Suicide?



Name
in
Full

E. L. Jones.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Vienna Town Dorchester County MARYLAND

Date of death 190 9 Month 2 Day 6 Age 67 Years Months Days

Sex Male Color or Race Colored Birth-place Dorchester

Occupation Farmer Where Residing if not at place of death

~~Marrd~~ Single or Widowed Widower Name of Wife or Husband Maria Pinkins

Father's Name James Jones Father's Birthplace Dorchester

Mother's Maiden Name Mariah Stanley Mother's Birthplace "

Name of person giving Information John W. Jones How related to deceased Son

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

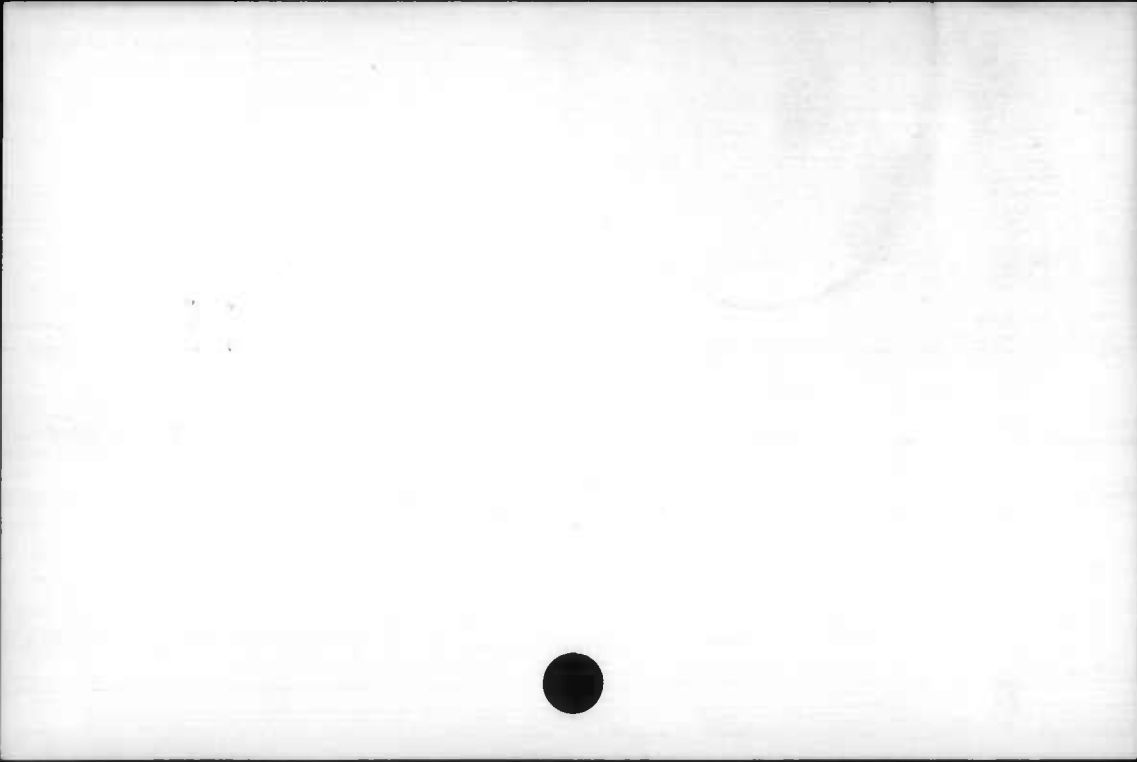
Primary Dropsy - How long 6 months

Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. F. Nicols M.D.
Address E. W. Martin
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Monroe Jones

Died at ^{Town} *Halesbury*County *Dorchester*

MARYLAND

Date
of death 1907Month *2*Day *10*

Age

Years

Months *15*

Days

Sex

*male*Color or
Race*colored*Birth-
place*Dorchester*

Occupation

*none*Where Residing if not
at place of death*same place*Married, Single
or Widowed*single*Name of Wife or
Huaband*neither*Father's
Name*dont know*Father's
Birthplace*unknown*Mother's
Maiden Name*Maggie Jones*Mother's
Birthplace*" "*Name of person giving
Information*Henry Mitchel*How related
to deceased*Friend**Can't Say*

CAUSES OF DEATH

Primary

How long

179

Immediate

unknown

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*No Physician Wm J. Adell*

Address

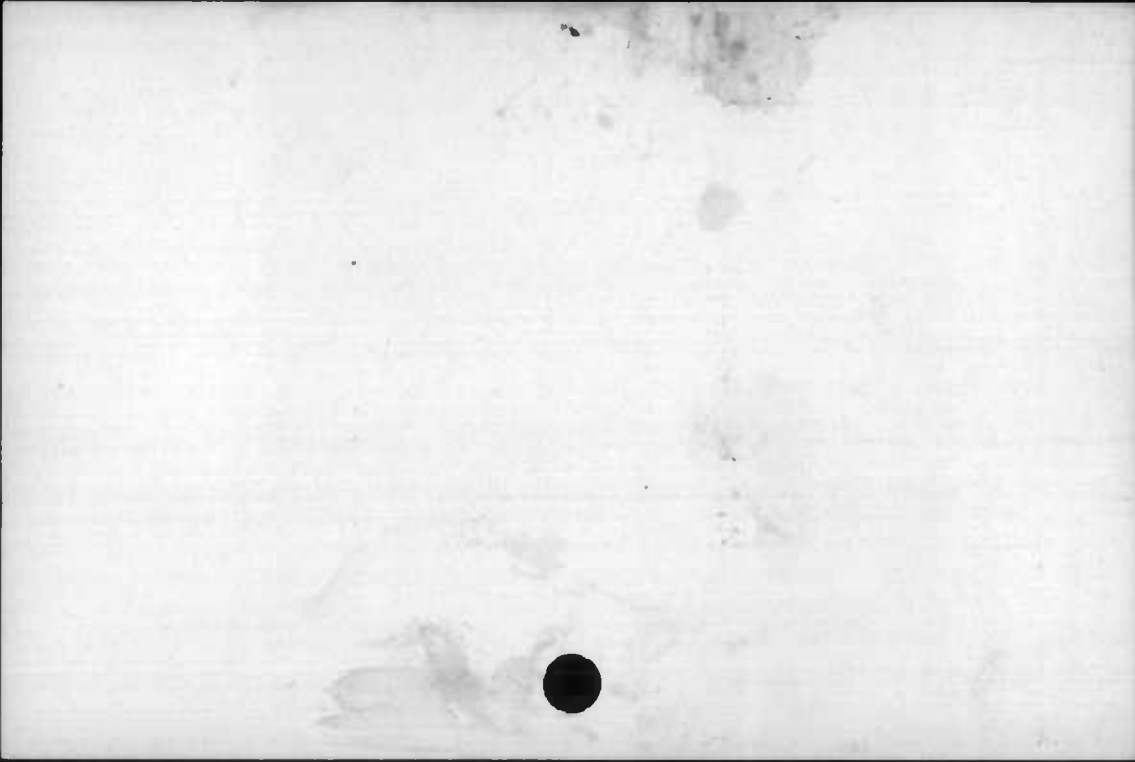
*assist
Eosphen Marketnd.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Hane				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND		
	Date of death <i>1909</i>	<i>July</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Cambridge</i>			
	Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>John A. Hane</i>		Father's Birthplace <i>Or. Colmd.</i>				
Mother's Maiden Name <i>Margaret A. Jones</i>		Mother's Birthplace <i>Or. Colmd.</i>					
Name of person giving information <i>John A. Hane</i>		How related to deceased <i>father</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;"> 8 </div>							
PHYSICIAN OR CORONER	Primary <i>Still Born</i>		How long <i>at birth</i>				
	Immediate		How long <i>—</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>no physician</i>				
	<i>J</i> <i>yes</i> Accident or Suicide?		Address <i>6 Emma Ballis Lane, District of the Peace.</i>				



Name
in
Full

C. Roosevelt - Legal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

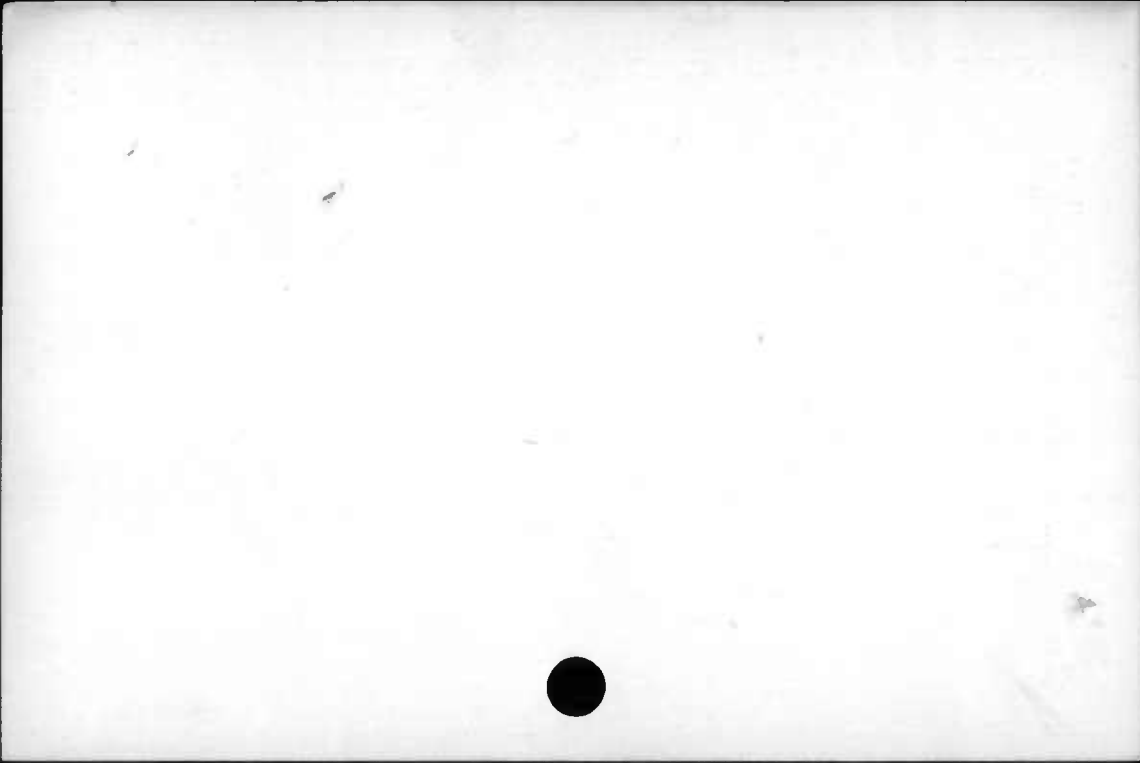
Died at ^{Town} East New Market ^{County} Dorchester		MARYLAND	
Date of death	1909	Month	2
		Day	16
		Age	3
		Months	3
		Days	7
Sex	Male	Color or Race	colored
Occupation	nm	Birth-place	Wicomico
Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband	
Father's Name	W. H. Leagle	Father's Birthplace	Wicomico
Mother's Maiden Name	Sallie Hunkings	Mother's Birthplace	Dorchester
Name of person giving Information	W. H. Leagle	How related to deceased	Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Pneumonia	How long	Six days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. F. Nicols MD
		Address	E. N. Market Md.



Name
in
Full

Alfred M. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1909 Feb. Month 2 Day Age 77 Years — Months — Days

Sex Male Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Emily Lewis

Father's Name Alfred Lewis Father's Birthplace Maryland

Mother's Maiden Name Elizabeth Donoho Mother's Birthplace "

Name of person giving information John A. Lewis How related to deceased Son

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary Gastric Ulcer How long 2 weeks

Immediate Asthma How long 10 days

Are the name, age, sex, color, date and place correctly given above?

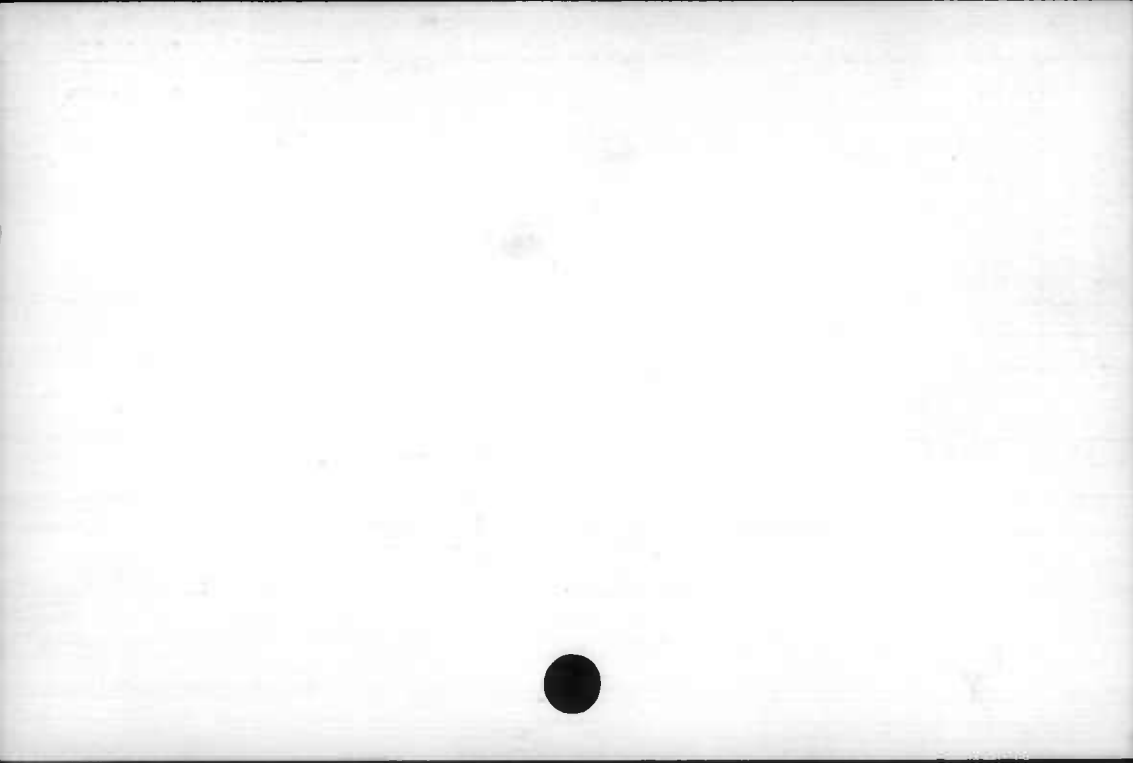
Signature of Physician

Address

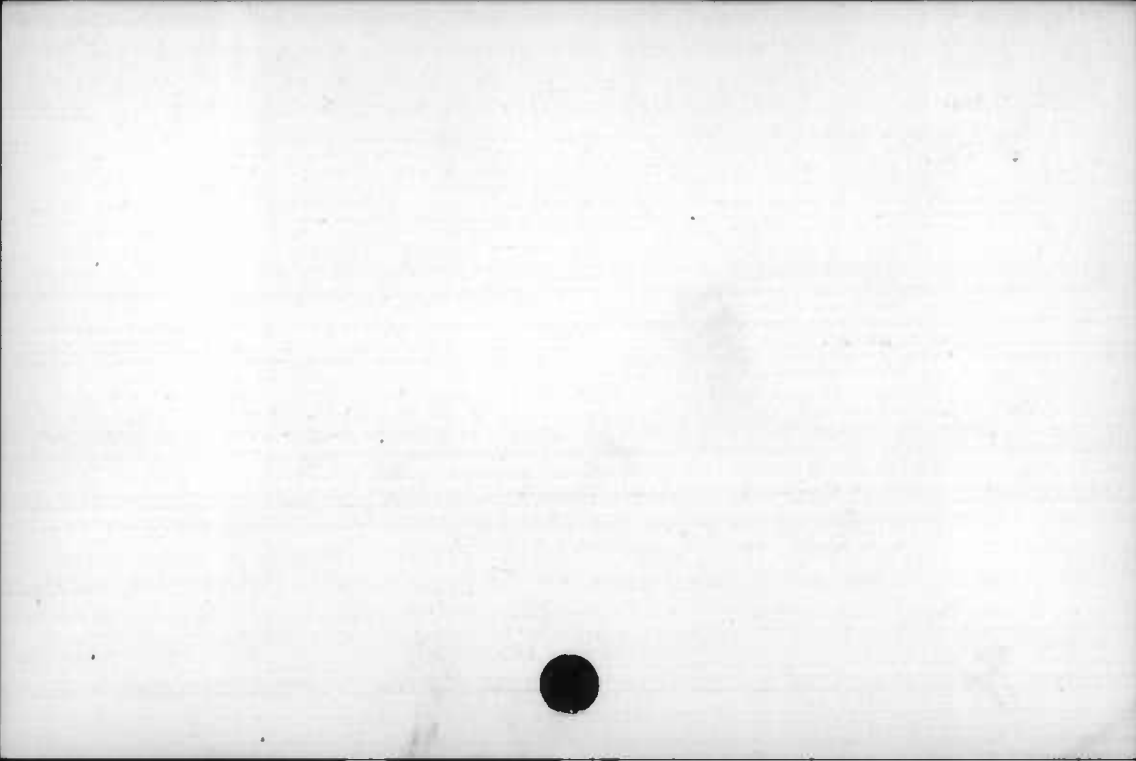
M. W. Gadsdenbaugh

Cambridge

Accident or Suicide



Name in Full		Alvin Marine -				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Vienna	County Dorchester	MARYLAND			
		Date of death	1909	Month Feb	Day 21	Age 24	Months -	Days -	
		Sex	Male		Color or Race	White		Birth-place	Ill
		Occupation	Farm Laborer		Where Residing if not at place of death				
		Married, Single or Widowed	Single		Name of Wife or Husband				
		Father's Name	Geo J Marine				Father's Birthplace	Ind	
		Mother's Maiden Name	Ida Lawrence				Mother's Birthplace	Ind	
		Name of person giving information				Ida Spear			
		CAUSES OF DEATH				(27)			
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long		1 yr	
		Immediate		Heart failure		How long		Immediate	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Blank			
		Address		Vienna Ind					
		Accident or Suicide?							



Name
in
Full

Ella Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

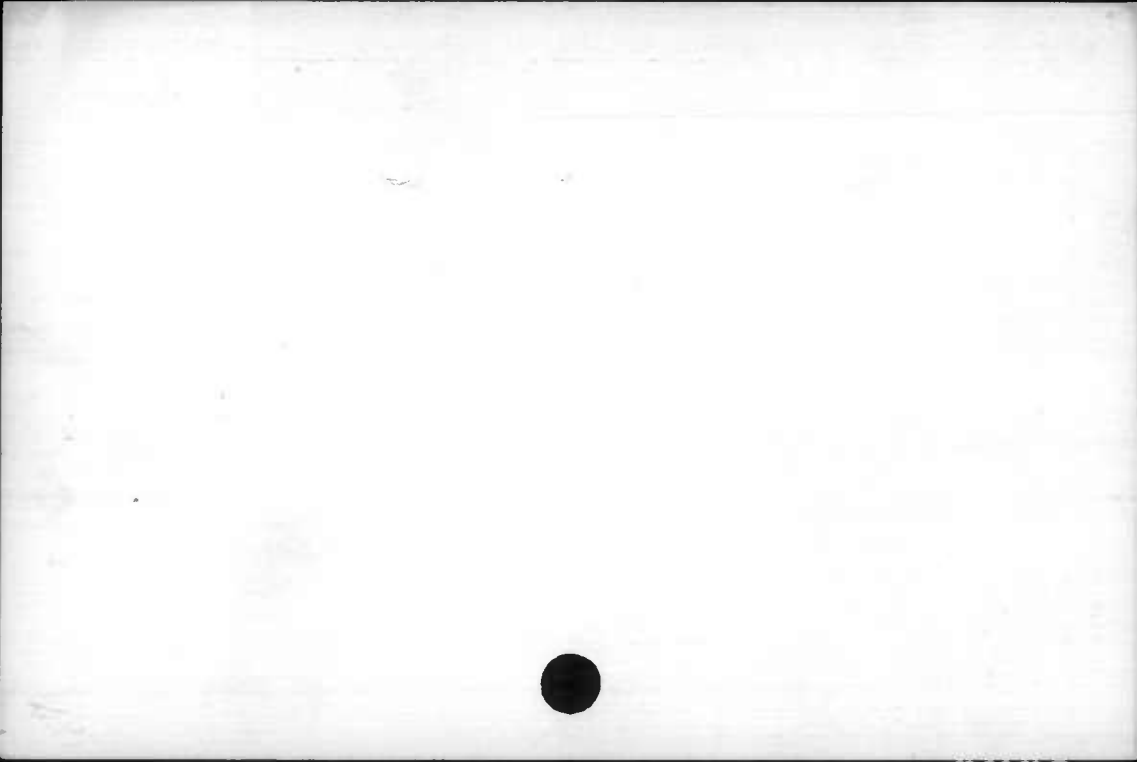
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1909	Month	Feb	Day	27
Age	38	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House wife	Where Residing if not at place of death	Cambridge Md		
Married, Single or Widowed	Married	Name of Wife or Husband	J. Edward Marshall		
Father's Name	Lewis Lewis	Father's Birthplace	Maryland		
Mother's Maiden Name	Elizabeth Lacum	Mother's Birthplace	Maryland		
Name of person giving Information	J. Edward Marshall	How related to deceased	Husband		

CAUSES OF DEATH

136

PHYSICIAN
OR CORONER

Primary	Confinement (Detached Placenta)	How long	5 hrs.
Immediate	Embolus	How long	1 1/2 hours
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	E. E. Wolff
		Address	Cambridge, Md.
Accident or Suicide			



Name
in
Full

Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

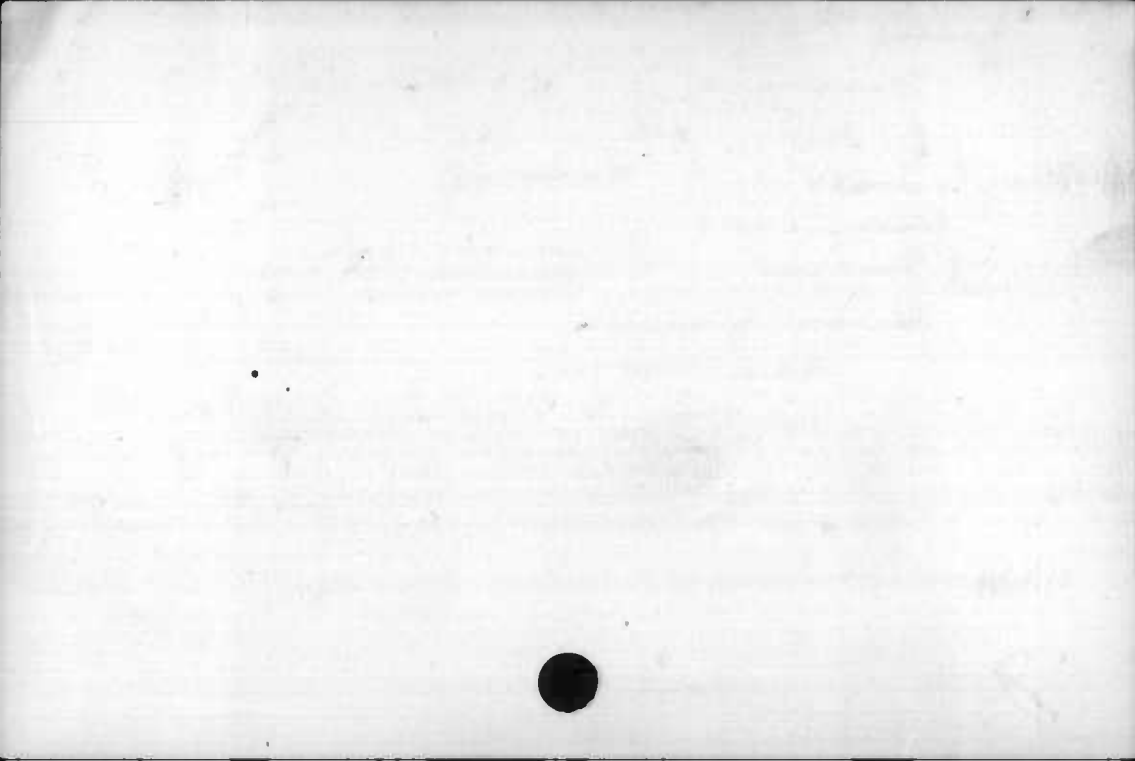
MARYLAND



Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}			
Date of death <i>1909</i>	Month <i>2</i>	Day <i>27</i>	Years <i>Still-born</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Joseph Edwin Marshall</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ella Slacum</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>J. Edwin Marshall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Separation of Placenta (prior)</i>	How long <i>5 hrs from delivery</i>
Immediate <i>Asphyxia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide?	



Name In Full		Mollie Martin -				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Vienna		County Sarchester		MARYLAND	
	Date of death	1909	Month Feb	Day 1st	Years 45	Months -	Days -	
	Sex	Female		Color or Race	Colored		Birth-place Md	
	Occupation	Housewife			Where Residing if not at place of death -			
	Married, Single or Widowed	Married		Name of Wife or Husband	Lewis H Martin -			
	Father's Name	Henry Jones.				Father's Birthplace	Md.	
	Mother's Maiden Name	unknown.				Mother's Birthplace	Md.	
Name of person giving information	Lewis H Martin					How related to deceased	Husband.	
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Heart Disease					How long	unknown
	Immediate	Cerebral Paralysis.					How long	acute.
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		
						Address		
Accident or Suicide?								
					Dr. H. Bland. Vienna Md			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

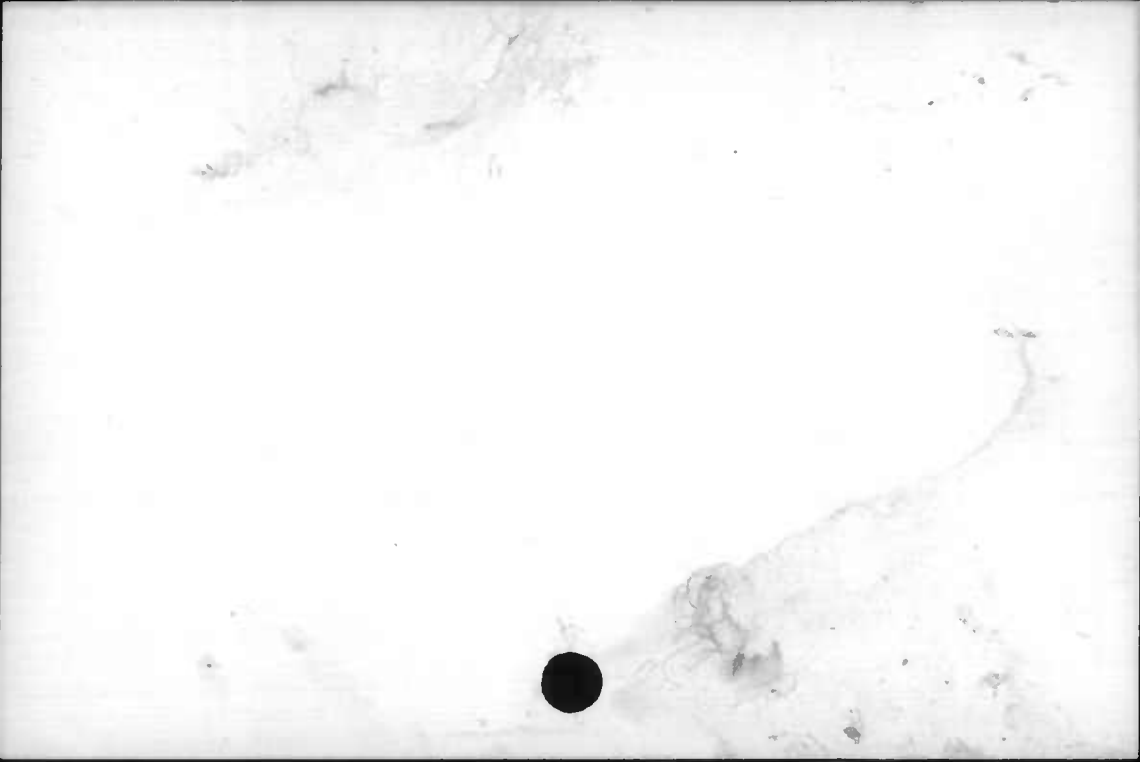
Name in Full <i>Maggie K. Moler</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND					
Died at <i>Cambridge</i>		Month <i>Feb.</i>		Day <i>11</i>		Years <i>46</i>		Months <i>7</i>		Days <i>18</i>	
Date of death <i>1909</i>		Age <i>46</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>Teacher</i>				Where Residing if not at place of death <i>Cambridge</i>							
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i></i>							
Father's Name <i>James E. Moler</i>				Father's Birthplace <i>Virginia</i>							
Mother's Maiden Name <i>Elizabeth Kephart</i>				Mother's Birthplace <i>"</i>							
Name of person giving Information <i>Ella Moler</i>				How related to deceased <i>Sister</i>							

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary <i>Infected Wound of face</i>		How long <i>7 days</i>	
Immediate <i>Gen. Streptococcus infection</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yhs</i>		Signature of Physician <i>Guy Stull</i>	
<i>J</i>		Address <i>Cambridge Md.</i>	
Accident or Suicide			



Name
in
Full

Ezra Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

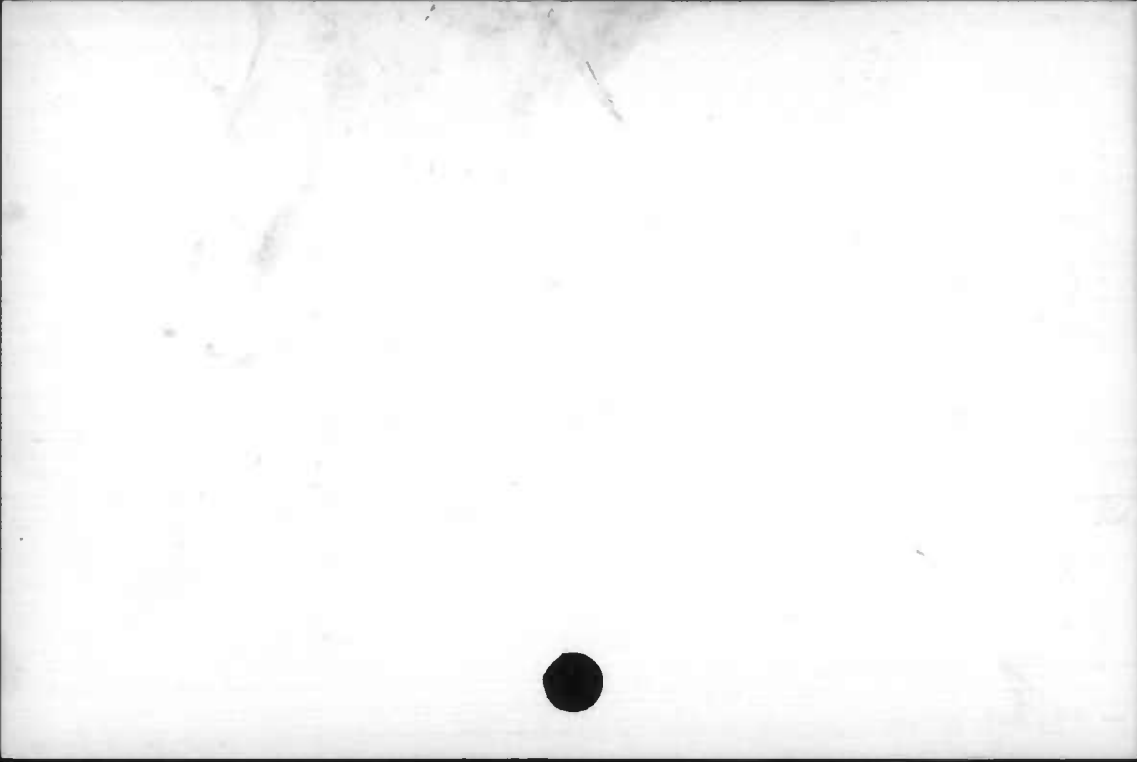
Died at		Town		County		MARYLAND	
Cambridge		Dorchester Co					
Date of death	1909	Month	Feb	Day	17	Years	Age 60
Sex	Female	Color or Race	Black	Birth-place	Fishing Creek	Months	Days
Occupation	Labor	Where Residing if not at place of death		Cambridge			
Married, Single or Widowed	Married	Name of Wife or Husband		Peter Neal			
Father's Name	Levin Martin	Father's Birthplace		Ballo-			
Mother's Maiden Name	Not Known	Mother's Birthplace		Not Known			
Name of person giving Information	Mary E. Johnson			How related to deceased		not	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis - Pneumonia	How long	2 weeks
Immediate	Heart Failure	How long	Heart
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. E. Walcott	
Accident or Suicide		Address	
		Cambridge, Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Payne

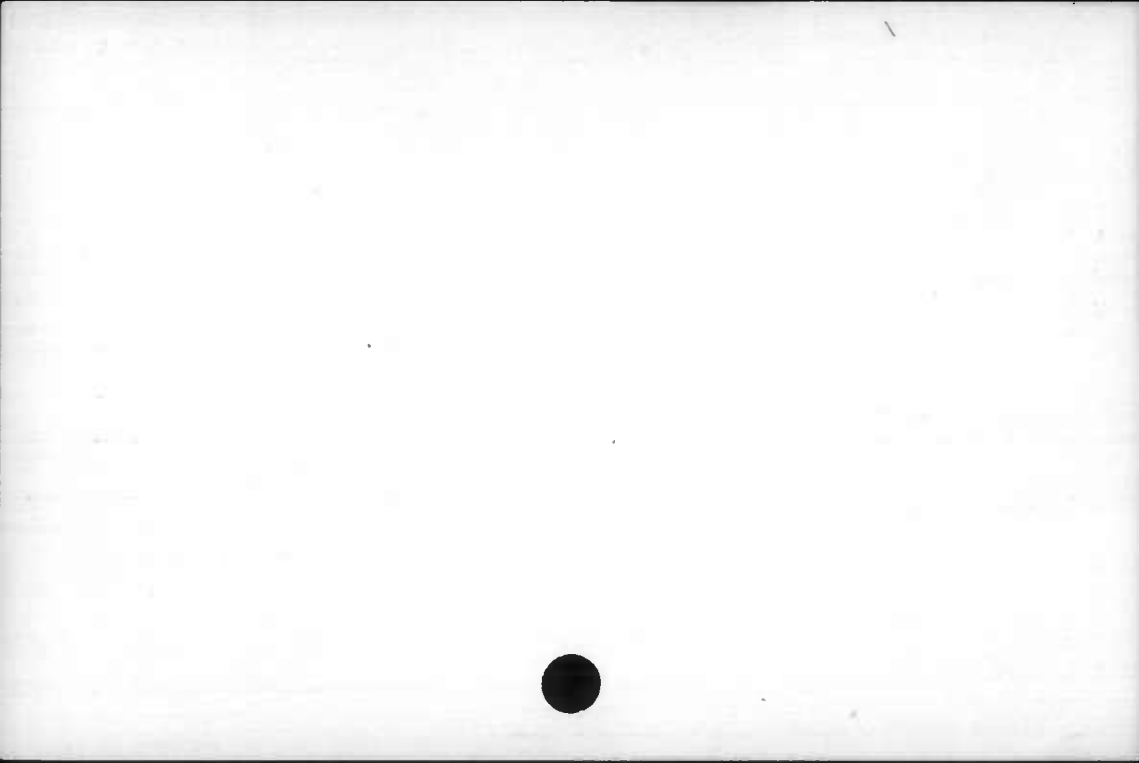
Died at <u>Lloyds</u> Town		<u>bauchster</u> County		MARYLAND							
Date of death	1909	Month	Feb	Day	6	Age	—	Months	—	Days	1
Sex	male		Color or Race	negro		Birth-place	Lloyds				
Occupation	infant		Where Residing if not at place of death		—						
Married, Single or Widowed	single		Name of Wife or Husband		none						
Father's Name	Wm Payne					Father's Birthplace	md				
Mother's Maiden Name	Rosa Ellis					Mother's Birthplace	md				
Name of person giving Information	Wm Payne					How related to deceased	Father				

CAUSES OF DEATH

132

PHYSICIAN
OR CORONER

Primary	<u>Hæmorrhage umbilical cord</u>		How long	—
Immediate			How long	—
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	<u>S. A. Stokes</u>
J			Address	<u>Cannonsville</u>
				<u>md</u>
Accident or Suicide				



Name
in
Full

Mary Prider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

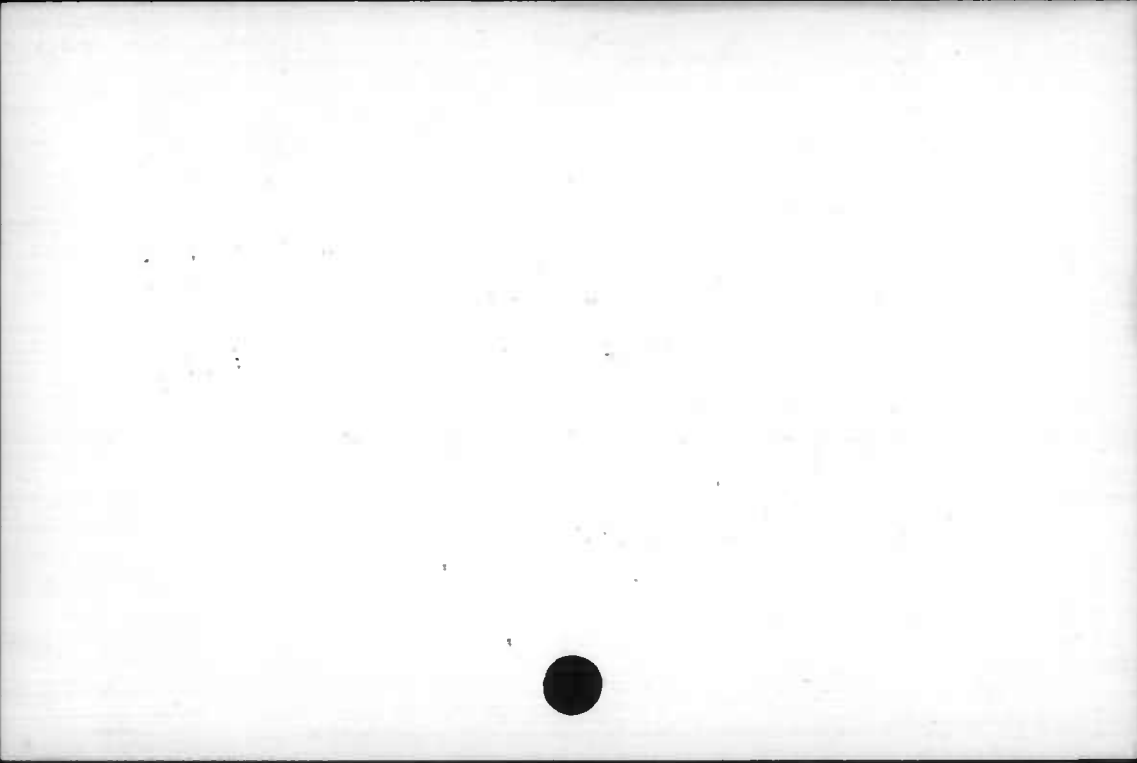
Died at <i>Acabnicreech</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>2</i>	Day <i>18</i>	Age <i>5-2</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>George Jolley</i>		Father's Birthplace <i>Dorchester</i>			
Mother's Maiden Name <i>Nellie Jolley</i>		Mother's Birthplace <i></i>			
Name of person giving Information <i>Steven B Prider</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary <i>Dysentery of Fever</i>	How long <i></i>
Immediate <i>Paralysis</i>	How long <i>Seven days</i>
Are the name, age, sex, color, date and place correctly given above? <i>X</i>	Signature of Physician <i>H. F. Nicols MD</i>
	Address <i>E. R. Market, Md</i>
<input checked="" type="checkbox"/> Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

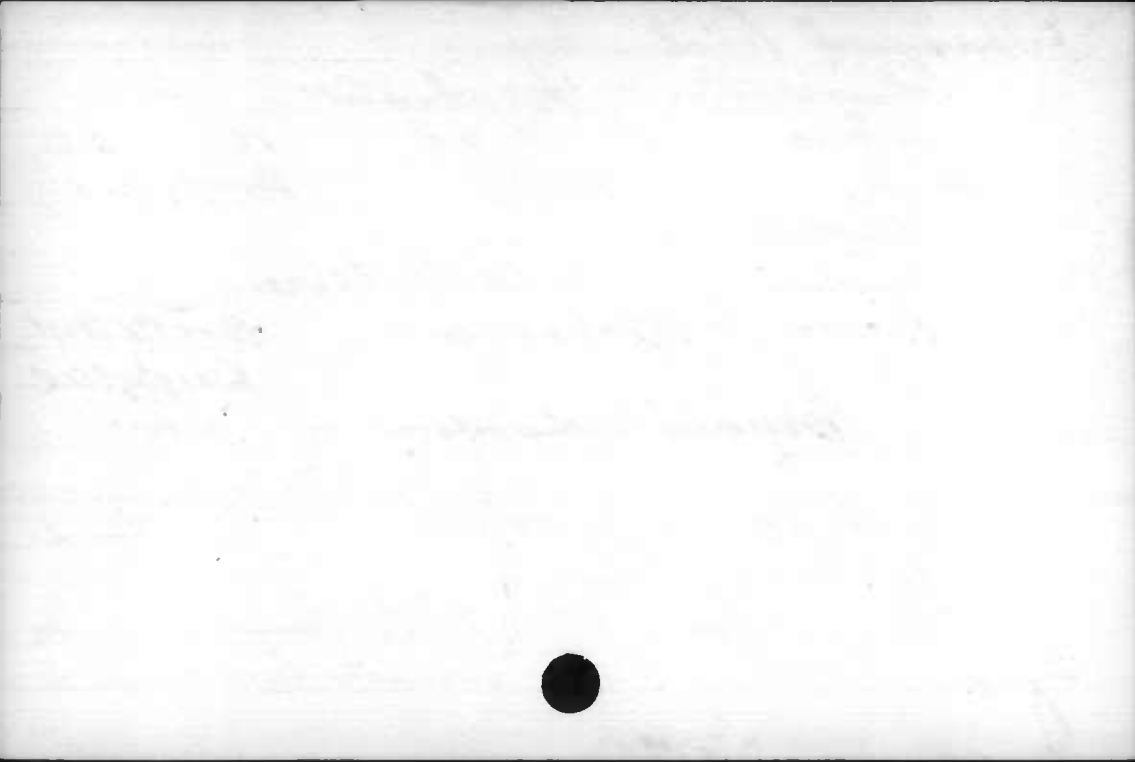
Name in Full <i>John M. Reshaw</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Feb</i>		Day <i>11</i>		Age <i>8</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Cambridge</i>		Months <i>8</i>	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>M. J. Reshaw</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Delia Adams</i>		Mother's Birthplace <i>Seals Island</i>					
Name of person giving Information <i>M. J. Reshaw</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Pneumo. Pneumonia</i>	How long <i>Some days -</i>
Immediate <i>Exhaustion</i>	How long <i>2 1/2 hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes.</i>	Signature of Physician <i>D. M. Gola</i>
<i>J</i>	Address <i>Cambridge Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harvard Richardson		Town Church Creek		County Dorchester		MARYLAND	
Died at		Date of death 1909 Feb.		Age 45		Months 10 Days 22	
Sex Male		Color or Race White		Birth-place Dor. Co. Md.			
Occupation Undertaker		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Ada L. Airey					
Father's Name Levin F. Richardson		Father's Birthplace Dor. Co. Md.					
Mother's Maiden Name Arista E. Richardson		Mother's Birthplace Dor. Co. Md.					
Name of person giving Information Donald Richardson		How related to deceased Son					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage	How long a few hours
Immediate Died during Coma	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. L. Smith
	Address Church Creek, Md.
Accident or Suicide? 8	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Feb</i>	Day <i>5</i>	Age <i>70</i>	Years —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Cambridge Md</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Eveline Sherman</i>				
Father's Name <i>Wm A. Sherman</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Eveline Newton</i>	Mother's Birthplace <i>..</i>				
Name of person giving Information <i>James H. Sherman</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

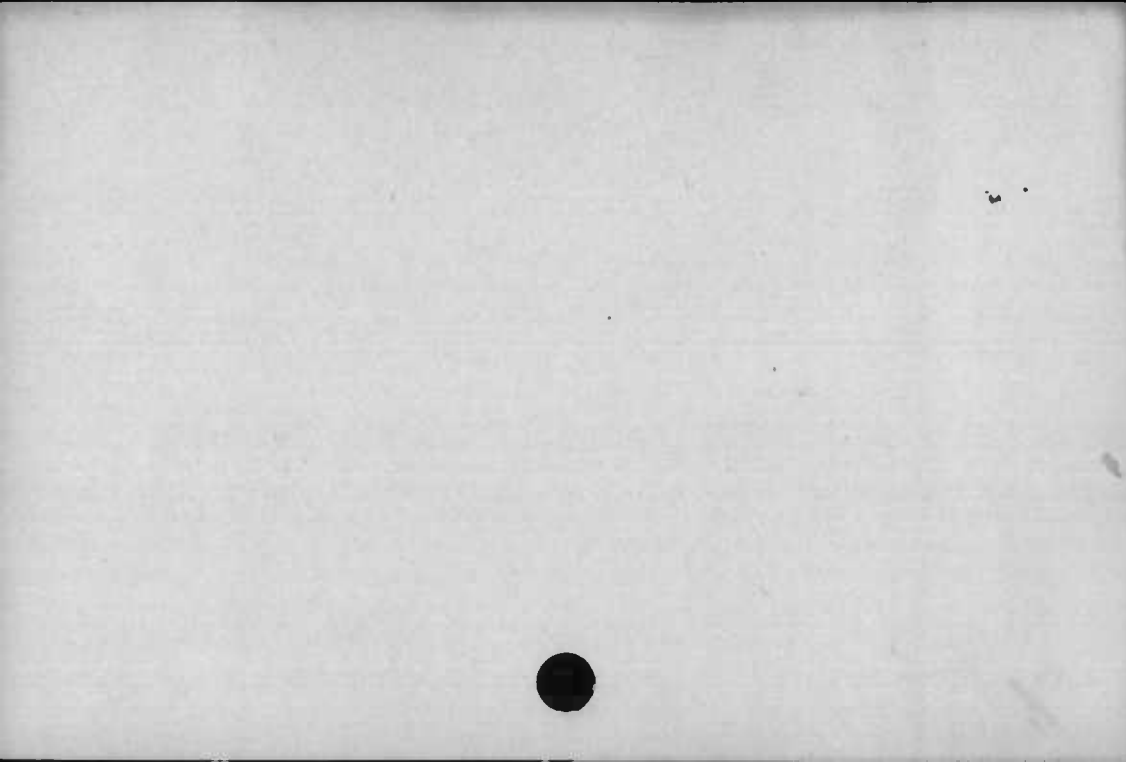
Primary <i>Pneumonia</i>	How long —
Immediate	How long —
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>W. B. Physician</i>
<i>X</i>	Address <i>612 North Baltimore Justice of the Peace</i>
Accident or Suicide	



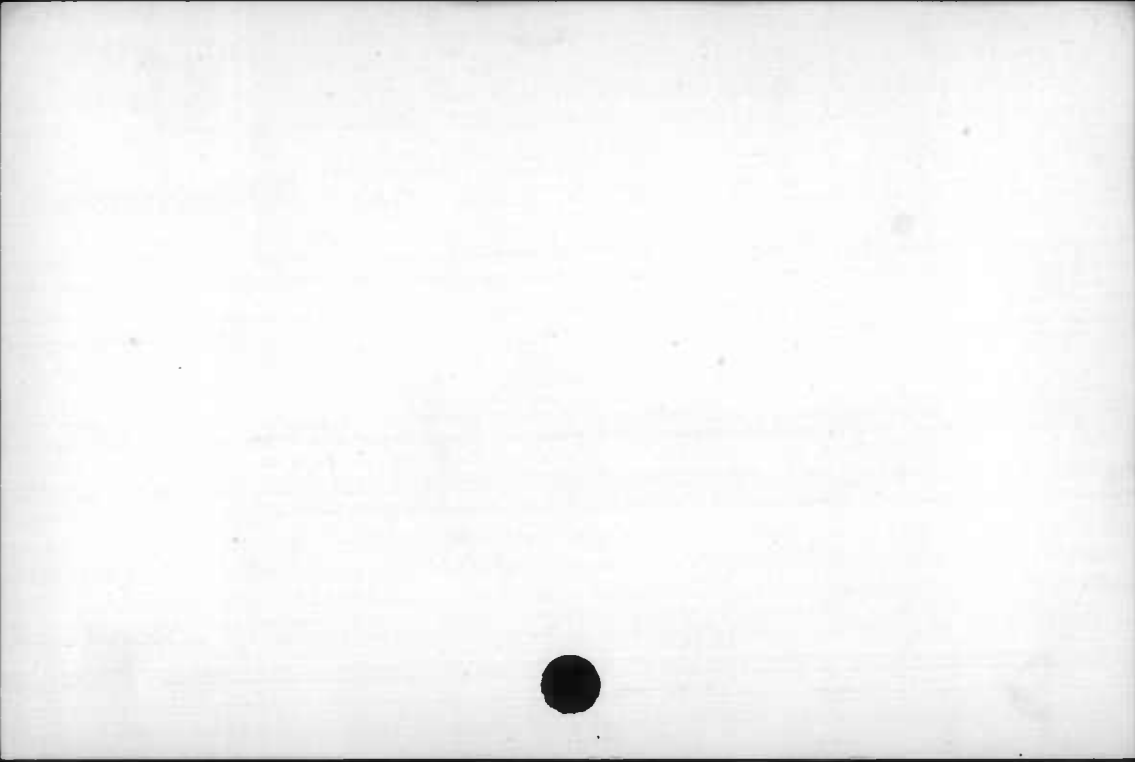
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

LIBRARY MUSEAU A88616



Name in Full		Infant Tyler		Town		County		CERTIFICATE OF DEATH	
Died at		Fishing Creek,		Dorchester,		MARYLAND			
Date of death		1909 February 1st.		Age		0		Months 0	
		Day 1st.				Years		Days 6 hours	
Sex		Female		Color or Race		White		Birth- place	
								Dorchester, Co.	
Occupation		-----		Where Residing if not at place of death		-----		-----	
Married, Single or Widowed		-----		Name of Wife or Husband		-----		-----	
Father's Name		Frederick Tyler,		Father's Birthplace		Dorchester, Co.			
Mother's Maiden Name		Amy K. Parker,		Mother's Birthplace		Dorchester, Co.			
Name of person giving In formation		Mrs. Amy K. Tyler,		How related to deceased		mother			
				CAUSES OF DEATH		(176)			
Primary		Breach Presentation, Difficult Labor,		How long		24 hours,			
Immediate		Fluid in Lungs, Respiration weak, Asphyxia,		How long		5 or 6 hours.			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. H. Houston, M.D.			
				Address		Fishing Creek, Md.			
Accident or Suicide?									



Name
in
Full

Mary E. Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND							
Date of death	1909	Month	Feb.	Day	5	Age	54	Months	3	Days	4
Sex	Female		Color or Race	White		Birth-place	Delaware				
Occupation	Housewife		Where Reading if not at place of death		Cambridge						
Married, Single or Widowed	Married		Name of Wife or Husband		Lewis K. Warren						
Father's Name	Solomon M. Noble					Father's Birthplace	Delaware				
Mother's Maiden Name	Harriet Williams					Mother's Birthplace	Delaware				
Name of person giving Information	Lewis K. Warren					How related to deceased	Husband				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>1 1/2 years</u>
Immediate	<u>Uremia & Heart Failure</u>	How long	<u>24 hours.</u>
Are the name, age, sex, color, data and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. Chas. M. Stanley</u>
		Address	<u>Cambridge Md</u>
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
Full

Sarah E. Wheatley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>21</i>	Age <i>16</i>	Months <i>8</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Md</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John W. Wheatley</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Annie J. Webb</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>John W. Wheatley</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid (Pneumonia)</i>	How long <i>6 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>A few moments</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wauff</i>
<i>J</i>	Address <i>Cambridge, Md.</i>
Accident or Suicide?	

